

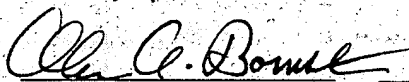


## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Assistant Commissioner for Patents,  
Washington, D.C. 20231"

on January 14, 2003

  
Alan A. Bornstein  
Reg. No. 40,919  
Attorney for Applicant(s)  
Date of Signature 01/14/03

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ASSISTANT COMMISSIONER FOR PATENTS  
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TC 1700

Customer No.: 000201  
Applicant: Edmondson et al.  
Case No.: J3508(C)  
Serial No. 09/717,442  
Filed: November 21, 2000  
For: PROCESS FOR THE MANUFACTURE OF SHAPED ARTICLES  
UNUS #: 99-0563-UNI

Group: 1732  
Examiner: M. Eashoo  
Edgewater, New Jersey 07020  
January 14, 2003

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

## CLAIMS AS AMENDED

|   | (2) * Claims<br>Remaining After<br>Amendment |  | (4)** Highest No.<br>Previously Paid For | (5) Present<br>Extra | (6) Rate  | (7) Additional Fee |
|---|--|--|--|----------------------|-----------|--------------------|
| Total Claims                            |  |  | 20                                       | -0-                  | \$ 18.00  |                    |
| Independent Claims                      |  |  | 5  | -0-                  | \$ 80.00  |                    |
| Multiple Claims                         |  |  |  |                      | \$ 270.00 |                    |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT |  |  |  |                      | \$        |                    |

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

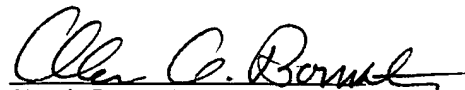
☒ 37 C.F.R. § 1.16;

☒ 37 C.F.R. § 1.17;

☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

AAB/dca  
201) 840-2680

  
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